

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-475)

SCALE NO. 10/580052 FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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48							98						
49							99						
50							100						
TOTAL REQ.							TOTAL REQ.	4		3			
TOTAL DEP.							TOTAL DEP.	62		55			
TOTAL CLAIMS							TOTAL CLAIMS	102		62			

PTO-8344 (REV. 5-63)

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